ENVIRONMENTAL PUBLIC HEALTH TRACKING
ADVISORY GROUP MEETING
August 6, 2003

The next meeting will be Thursday, November 13, from 9 a.m. to 12 p.m. The meeting will be held at 2401 Colonial Drive, Helena on the third floor in the Board of Investments conference room.

Attendees:

Neil Andersen, FWP
Jim Aspevig, HAN Project
Pat Butterfield, MSU College of Nursing
Rod Caldwell, US Geological Survey
Rick Chiotti, OPI
Jim Edger, Vital Statistics
Tom Ellerhoff, DEQ
Denise Higgins, MBOMS
Jim Hill, NRIS
Wade Hill, MSU College of Nursing
Kammy Johnson, CDC Epidemiologist
Debbi Lemons, Tumor Registry
Marjean Magraw, Project Coordinator
Wilda McGraw, Childhood Asthma Coor.
Judy Murphy, State Industrial Hygienist
Kristin Nei, American Cancer Society
Karen Nelson, USFWS
Lou Olcott, Bio-monitoring Project
Joanne Oreskovich, BRFSS
Dick Paulsen, American Lung Association
Susan Reeser, Coordinated School Health
John Schumpert, UM Center for Environmental Health Sciences (CEHS)
Robert Shepard, representing the American Cancer Society
Mike Spence, State Medical Director
Darren Steiner, DPHHS, IT
Dan Strausbaugh, ATSDR
Diana Vanek, UM Center for Environmental Health Sciences
Mike Vogel, MSU Bozeman
Tony Ward, UM CEHS
Sandy Wagner, Libby citizen advocate

Additional Attendees:

Ellen Blalock, Westaff Services

The meeting opened with a welcome by Mike Spence. Attendees were asked to introduce themselves and their representation. Marjean Magraw asked if there were any questions or revisions to the previously distributed minutes of the last meeting of April 23, 2003. There were none.

PROGRESS REPORT: Marjean presented the following update on the project. The CDC vision for the tracking project is to "help communities be better protected from adverse health effects through the integration of public health and environmental information systems". In order to do this, the CDC has set four goals:

1. Build a sustainable national environmental public health tracking network
2. Increase tracking capacity
3. Advance public health science and research

4. Disseminate credible information

Marjean further defined in depth what an EPHT network would be expected to accomplish. The tracking network will not provide all the answers but be a tool that will help assess possible links and support further investigation. To accomplish this the EPHT will start by expanding the inventory of available databases in Montana related to environmental health, do a needs assessment to identify priority environmental health concerns in the state, define questions to be answered by linking data, and develop an IT plan to network databases.

Marjean stated that since the last meeting there was a meeting with other Western States in June. Dr. Johnson, Dr. Spence, Tom Ellerhoff of DEQ and Marjean also attended at a national workshop in July, which provided training and increased collaboration with other states and Centers of Excellence. There has been a sharing of survey tools, inventory templates and ideas among the states who have cooperative agreements with CDC for health tracking projects. Of note was the fact that most states have had similar late starts in this process due to budget issues and hiring restrictions.

Continuing, Marjean said that the Center of Excellence at UC Berkley for the western states will assist with pooling expertise on IT networking and common western environmental health issues such as asthma.

There was also a CDC site visit on July 18. A written report was received following the site visit which encouraged efforts to stay on track, continue to involve the advisory group members and proceed forward.

Marjean then went on to explain how the Advisory Council fits into this project. There are three areas of focus at this point that the advisory group can contribute recommendations to. First is the development of a communication plan. Communication tools can include a project website, an informational newsletter, press releases, professional conference presentations, public health conference speakers, and education topics for the advisory group.

The second focus area is a technical needs assessment. We are currently seeking approval of a contract with Northrop Grumman to research the infrastructure of IT systems and provide options for tracking and reporting. These options will then be presented to the advisory group for comment. In the second year of the project, data linking options will be chosen and tested through pilot projects. If approved by the CDC, there are current plans are to contract with the UM Center for Environmental Health Sciences to conduct one pilot using their data on air pollution and health effects in the Missoula area.

The third area of focus is to conduct an environmental health needs assessment. One part of the needs assessment will be completed by contracting with MSU to assess county health and tribal health department capacities, concerns and training needs. MSU will involve interested advisory group members in review of survey tools. We will also assess priorities concerns among advisory group members over the next year. Finally, we plan to use carryover funds, approximately $300,000, to provide mini-grants to interested communities for local assessments across Montana's five healthcare regions. We are waiting for approval of this proposal by the CDC grants office. The plan for use of carryover funds involves:

- Releasing a request for interested parties to all county and tribal health departments in Montana
- Organizing a training through the State for community leaders on PACE EH environmental health assessment tool
- Contracting a health educator to assist selected sites with the EH needs assessment process
- The outcome will be that communities receive training and increasing local environmental health awareness and the project will receive input on priorities from a variety of community members in various regions of Montana

In summary, Marjean stated that in this last quarter of year one of the project we are making progress on all activities outlined in the work plan that was handed out at the first meeting. The hiring freeze will hinder the completion of some activities however.

EXERCISE ON PRIORITIZING RISKS AND HEALTH EFFECTS: Marjean distributed a worksheet for the group – "Assessing Environmental Health Issues". This worksheet contained 12 environmental risks that may harm health that were listed by the group at the last meeting. Attendees were asked to circle their top five concerns and then to list the factors that distinguished these and why they are important. The worksheet also contained a list of health effects that may have causes linked to the environment and all were asked to list their top three giving reasons for their choices. A summery of responses will posted at the end of these minutes. This assessment was preliminary and it will be repeated in another six months to see if priorities change over time among members.

ENVIRONMENTAL HEALTH INDICATORS - linking databases to answer questions: Dr. Kammy Johnson, DVM, PhD is an epidemiologist with the CDC on assignment in Montana and is working the health tracking project. She gave a presentation on environmental health indicators. A summary is below:

1. Indicators provides a system for organizing information.
2. They organize knowledge into simple units of information for communication.
3. They simplify information for decision-making

Case definitions are indicators of a specific illness. She noted we are all familiar with indicators for chronic disease such as fever, high blood pressure etc., now CDC and the Council for State and Territorial Epidemiologists have started the process of identifying environmental health indicators. Environmental health indicators include data on hazards, human exposure, health effects, and interventions. They have developed 38 core health indicators for health concerns to date which are organized in 11 indicator topic areas. Indicators under a specific indicator topic can be linked in suites. One example to illustrate this was the indicator topic "drinking water", which could include a hazard indicator such as trihalomethanes (THMs) in drinking water; to an exposure indicator such as a biological marker in human blood for THMs; a health effect indicator, such as incidence of colon or rectal cancer; and a intervention indicator, compliance with operation standards at a water treatment plant. The suite helps to identify links or possible

gaps in information. She explained that the role of indicators in building the tracking network include determining available data sources as well as data collection mechanisms and types of systems.

Dr. Johnson provided the group with a website containing national health indicator information http://www.cdc.gov/nceh/indicators/default.htm
She stated that as a State we are charged with choosing one indicator topic this year and to evaluate the use of the indicator format and provide feedback to the national indicator project as they continue to develop this system.

DISCUSSION ON FORMATION OF WORKGROUPS/COMMITTEES: Marjean asked the group if there needed to be sub-groups of this council in order to work more effectively receive input from the advisory group considering its large size. The following were suggested focus areas/committees:

1. Data linking
2. Communication/education
3. Needs assessment
4. Evaluation
5. Executive
6. Others

This generated much discussion from the group. Jim Hill from NRIS and Jim Aspevig expressed interested in the technical data linking area. Issues about data confidentiality, education, and outreach were discussed from different points of view. The discussion ended by deciding to let the group have time to consider interests and types of groups and to further define the purpose of groups. The discussion will continue the next meeting. There was some concern that sub-groups would mean that whole group would not get to listen and participate on some issues. The following were some possible topic areas listed by the members:

1. Indicators/needs assessment
   - establish priorities concerns
   - develop a strategic plan to get data

2. Standards/confidentiality issues, i.e. HIPPA requirements to gain data, GIS standards

It was suggested that a list-serve be utilized to allow a threaded discussion and share information among members.

Prior to the next meeting as concerns arise, Marjean will email members and ask for those who wish to comment on specific items under development such as the survey of county and tribal public health staff, the project website, community mini-grants, etc.

RESEARCH ON ASTHMA AT UM: Dr. John Schumpert from the UM Center for Environmental Health Sciences presented an overview of his project studying the asthma population in the Missoula area. He showed national statistics with respect to asthmatic adults

and children, as well as data for the state of Montana. He stated that his goal is to develop a database that includes age, gender, geographic location, etc. UM is collecting data from Missoula hospitals quarterly, from school surveys, and also plans to collect information obtained through the use of touch screen video/audio computer kiosks placed in strategic locations such as pharmacies, and shopping areas. This last venue provides ease of use, a consent form allowing use of the information, and, more importantly, will allow a chance to contact individuals further for additional facts. Dr. Schumpert's main goal is to fill in the gaps of information about the asthmatic population.

INDOOR AIR QUALITY IN MONTANA SCHOOLS - past investigations: Judy Murphy, an industrial hygienist with the Department of Labor next reported on some of her investigations of air quality problems in schools around the state. She stated that many of the health problems are caused by improper ventilation, mold from wet conditions, bad filtering, and roof leaks. These conditions bring about symptoms of watery eyes, dry throats, nausea, coughing, etc., and can even be life threatening. Many times these health concerns go unrecognized and unreported and even when reported and a solution found, the schools look to the least inexpensive fix because of budget restraints.

Following Judy, Mike Vogel from the MSU Extension Service briefly described a program at MSU called "Healthy Indoor Air for America's Homes". He will distribute literature to interested members about their program. Also see www.healthyindoorair.org
They are coordinating a project called "Native Air" with the seven reservations in Montana to reduce asthma. He brought an example of air quality materials created for children.

NEXT MEETING: The next meeting will be Thursday, November 13, from 9 a.m. to 12 p.m. The meeting will be held at 2401 Colonial Drive (same building) but in the Board of Investments conference room on the third floor. There being no further business, the meeting adjourned at 12:20 p.m.

Summary of Assessment of concerns exercise:

At the first meeting members listed known concerns related to environmental hazards and health effects in Montana. Members were asked at the second meeting to consider what they felt were the primary concerns related to environmental health hazards in Montana and priority health effects. This was a preliminary exercise and will be repeated in another six months. The results were has follows:

The top environmental hazard concerns: (rated by assigning a first place 5 points, second place 4 points etc.)

- Agricultural Chemical (71 points)
- Asbestos (45 points)
- Pesticides (41 points)
- Outdoor and Indoor air pollution tied with 30 points each
- Arsenic (28 points)

- Lead (21)
- Coal bed methane (16 points)
- Second hand smoke and heavy metals tied with 10 points each
- Mercury and meth chemicals tied with 9 points each
- Concerns with 1 point each: mold, nitrates in drinking water, zoonotic diseases, trace elements

The **priority health effects** in order were:

- Asthma
- Cancers
- Birth Defects
- Children's Developmental issues
- Lung diseases
- Neurodegenerative diseases